

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/562088**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2	X					
3		X				
4		X				
5			X			
6			X			
7			X			
8			X			
9		X				
10			X			
11			X			
12			X			
13			X			
14			X			
15			X			
16			X			
17			X			
18			X			
19	X					
20			X			
21			X			
22			X			
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TOTAL IND.	7					
TOTAL DEP.	17	←	←	←		
TOTAL CLAIMS	24	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████